



Commonwealth of Massachusetts

Department of Public Safety

APPLICATION FOR ELEVATOR ANNUAL TEST OF SAFETY DEVICES & FIREFIGHTER SERVICE OVERTIME AT NIGHT (print version)

Please send application to: Department of Public Safety
P.O. Box 3814, Boston, MA 02241-3814

Location Name					Street Address	City, State, Zip			
Owner			Owner Email Address		Street Address	City, State, Zip			
Elevator Company			Elevator Co Email Address		Street Address	City, State, Zip			
	<u>State ID Number</u>	<u>Inspection Fee</u> *\$400	<u>Late Fee</u> **\$200	<u>SFOO (Y/N)</u>	<u>Check #</u>	<u>Receipt #</u> (DPS use only)	<u>Fire Service OT Fee</u> ***\$400	<u>Receipt #</u> (DPS use only)	<u>Total Fee</u>
1.				<input type="checkbox"/> Y <input type="checkbox"/> N					
2.				<input type="checkbox"/> Y <input type="checkbox"/> N					
3.				<input type="checkbox"/> Y <input type="checkbox"/> N					
4.				<input type="checkbox"/> Y <input type="checkbox"/> N					
5.				<input type="checkbox"/> Y <input type="checkbox"/> N					
6.				<input type="checkbox"/> Y <input type="checkbox"/> N					
7.				<input type="checkbox"/> Y <input type="checkbox"/> N					
8.				<input type="checkbox"/> Y <input type="checkbox"/> N					
9.				<input type="checkbox"/> Y <input type="checkbox"/> N					
10.				<input type="checkbox"/> Y <input type="checkbox"/> N					

The elevator units listed above will be scheduled for inspection by the Department of Public Safety. I understand that the elevators to be inspected should be pre-inspected and made ready for the state safety inspection. Elevators inspected and found in non-compliance will be issued a DPS Work Order. Unsafe Elevators will be shut down pending repair and re-inspection. All elevators issued 90 day temporary certificates, unless issued an extension, will be re-inspected 90 days from the annual test date. Failure to be ready for or pass the 90 day re-test will result in the elevator being shut down. Elevators shut down must re-apply for inspection and remain shut down with applicable additional fees.

Signature of Owner or Approved Elevator Company

Date

Name of Owner or Approved Elevator Company (Print Legibly)

Telephone # _____

* Standard fee for Annual Inspection is \$400 per unit

Please mail application(s) along with a non-refundable check payable to the "Commonwealth of Massachusetts"

** A \$200 late fee will apply to all units six months past certificate expiration date

to: Department of Public Safety

*** The fee for overtime inspection is \$400 additional

P.O. Box 3814

Boston, MA 02241-3814

Please Note: Application fee is for the Unit on behalf of Unit owner.
The Department will not issue refunds if there is a loss of contract with the Service Company.